



FOR OFFICE USE ONLY

P&Z CASE NO.: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

## MASTER PLAN APPLICATION

The following items must be submitted by an established filing deadline date for P & Z Commission consideration.

### MINIMUM SUBMITTAL REQUIREMENTS:

- \_\_\_\_\_ Filing Fee of \$400.00.
- \_\_\_\_\_ Application completed in full.
- \_\_\_\_\_ Thirteen (13) folded copies of plan. (A revised mylar original must be submitted after staff review.)
- \_\_\_\_\_ A copy of the attached checklist with all items checked off or a brief explanation as to why they are not.
- \_\_\_\_\_ Rezoning Application if zone change is proposed.

**Date of Required Preapplication Conference:** \_\_\_\_\_

NAME OF SUBDIVISION \_\_\_\_\_

SPECIFIED LOCATION OF PROPOSED SUBDIVISION \_\_\_\_\_

### APPLICANT/PROJECT MANAGER'S INFORMATION (Primary Contact for the Project):

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### PROPERTY OWNER'S INFORMATION:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### ARCHITECT OR ENGINEER'S INFORMATION:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

